

September, 18-19, 2014 – Majorca, Palma, Spain

Name & surname _____

Address _____

Zip Code _____ City _____ Country _____

Ph. _____ Fax _____ E-mail _____

Company / Institution _____

In compliance with the provisions in the Spanish Organic Law LO 15/99 of personal data protection, we inform that the personal information provided will be stored in a database controlled by the FG UCM. The fulfilment of the present form implies to authorize FG UCM to use the personal data facilitated for the mentioned purpose. If you wish to exercise your rights to access, rectify, cancel and oppose the treatment of your data, please contact our offices).

REGISTRATION

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> Professor and General Public | <input type="checkbox"/> 225,00 € |
| <input type="checkbox"/> Assistant & Lecturer | <input type="checkbox"/> 150,00 € |
| <input type="checkbox"/> Student | <input type="checkbox"/> 125,00 € |

INVOICE DETAILS (in case you require invoice)

Corporate name _____ VAT number _____

Contact person _____

Address _____

Zip Code _____ City _____ Country _____

Ph. _____ Fax _____ E-mail _____

GENERAL CONDITIONS

REGISTRATION & PAYMENT

- General Foundation UCM will not accept telephone reservations.
- Registration must be done filling the Registration form. One form per person.
- Registration must be sent with the payment by credit card or bank transfer.
- It is advised for all attendees to make their registration before September 18, 2014. Registrations made in situ are contingent on receipt of the invoice and documentation after the Symposium.

METHODS OF PAYMENT

Remember to state participant's "Surname" and "WORKSHOP LCAOS 2014" on all payments.

- By credit card. I the undersigned authorize FG UCM to charge to my credit card account the total amount stated
- | | |
|---|-------------------------------------|
| <input type="checkbox"/> VISA | <input type="checkbox"/> MasterCard |
| Card number _____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____ | Expiry date: ____/____ CVC _____ |
| Cardholder Name: _____ | |
| Place and Date: _____ | Signature: _____ |

- By bank transfer to FG UCM.
- Bank Name: BANKIA
Bank Address: Donoso Cortés, 80 / 28015 Madrid / Spain
Beneficiary: FGUCM
SWIFT: CAHMESMMXXX
IBAN: ES9020381735916000402693
Account Nr.: 2038 / 1735 / 91 / 6000402693
Please indicate "free of charges for the receiver account".
A copy of the bank transfer must be sent together with the registration form. Fax no. +00 34 91 394 6405

REGISTRATION CONFIRMATIONS

Once General Foundation UCM checks the accepted payments have arrived, the participant receives the confirmation and registration details.

CANCELLATIONS & CHANGES

All cancellations must be sent to General Foundation UCM in writing (fax or e-mail). Any change of name will be dealt with as a cancellation and a new registration.

Send this form with the payment to:
Cristina Berbel, FGUCM
Fax: +00 34 91 394 6405
E-mail: congresosfg@rect.ucm.es